PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

| CLAIMS AS FILED - PART I | | | | | | | | | SMALL ENTITY | | OTHER THAN OR SMALL ENTITY | |
|---|--|---|-----------------|---------------------|---------------------------------|------------------|--------|--------|------------------------|-----------|-------------------------------|------------------------|
| TOTAL CLAIMS | | | (Column 1) | | (Column 2) | | | TYPE | | OR I I | | |
| TOTAL CLAIMS | | | 10 | | | | | ATE. | FEE | | RATE | FEE |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | BAS | C FEE | 370.00 | OR | BASIC FEE | 740.00 |
| TOTAL CHARGEABLE CLAIMS | | | / 0 minus 20= * | | * | 0 | | 9= | | OR | X\$18= | |
| INDEPENDENT CLAIMS | | | / minus 3 = * | | * | 0 | | 12= | | OR | X84= | |
| MU | LTIPLE DEPEN | DENT CLAIM P | RESENT | | | | +1 | 40= | | OR | +280= | |
| * If the difference in column 1 is less | | | | ero, ente | r "0" in c | olumn 2 | ТО | TAL | 37019 | 6 R | TOTAL | |
| CLAIMS AS AMENDED - PART II | | | | | | | | | | | OTHER | THAN |
| | Lance | (Column 1) | | (Colu | | (Column 3) | SM | ALL | ENTITY | OR | SMALL | ENTITY |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | NUM PREVI | HEST IBER OUSLY FOR | PRESENT EXTRA | RA | ATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | XS | 9= | | OR | X\$18= | |
| | Independent | * | Minus | *** | - 0. 4.1.4 | = | X | 12= | | OR | X84= | |
| | FIRST PRESE | NTATION OF M | ULTIPLE DE | PENDEN | I CLAIM | | +1 | 40= | | OR | +280= | |
| | | | | | | | | | | OR | TÖTAL ADDIT, FEE | |
| | | (Column 1) | | (Colu | mn 2) | (Column 3) | ADDI | T. FEE | <u> </u> | | ADDIT: TEE | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGI NUM PREV | HEST MBER OUSLY FOR | PRESENT EXTRA | RA | ATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | XS | S 9= | | OR | X\$18= | |
| | Independent | * | Minus | *** | | = | X. | 42= | | OR | X84= | |
| L | FIRST PRESE | NTATION OF M | ULTIPLE DE | PENDEN | I CLAIM | | +1 | 40= | | OR | +280= | |
| TOTAL ADDIT. FEE | | | | | | | | | | OR | TOTAL ADDIT FEE | |
| | | (Column 1) | | | ımn 2) | (Column 3) | . 1231 | | | - | | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | NUM PREV | HEST MBER IOUSLY) FOR | PRESENT EXTRA | R/ | ATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | XS | 9= | | OR | X\$18= | |
| | Independent | * | Minus | *** | = | = | X | 12= | | OR | X84= | |
| Ľ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | 40= | | OR | +280= | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | | | TOTAL | |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20. enter "20." ADDIT FEE ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3. enter "3." | | | | | | | | | | OR | ADDIT. FEE | |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |

NOTICE OF FEE DUE

| DATE: | : 1-112 | | | H | |
|------------------------|--|---------------------------------------|--|---|---|
| TO: | 61001 | | JUL 1 - ZBIZ | CI . | |
| FROM: | Office of Initial Patent Examir | nation : | 13 (2017) 1 | EIVEI | |
| SUBJECT | T: Fee Due | , | | | |
| APPLICA | TION NUMBER: (1545) | 454 | 700 | | |
| Office for authorizati | ne for the attached document substitute following reason. Please che ion to charge a deposit account. appropriate fee. If an authorizat iciency. | ck the applicati If an authorizati | on for the | ne appropriate esent, please | e |
| □ Insuffic | cient fee by check | | | | |
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| □ No fee s | submitted per requirement * | | | | |
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| The correct | fee code: | amount | \$ | (: | |
| The suspend | ded fee code: 197 | amount | - \$ | ((| |
| Fee Due | | amount | =\$_ | | |
| If you have a | any questions, please contact Cyrtz at 703-308-3642. | nthia Streater at | 703-306 | 5-5430 or | |

Terminal Operator